

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | | | | |
|---|--|-----------------------------|--|--|--|---------------------------------|--|--------------------|--|------------------|--|
| Name in Full <i>Basile Allsop</i> | | Town <i>Battle Creek</i> | | County <i>Calvert</i> | | MARYLAND | | | | | |
| Died at <i>Battle Creek</i> | | Month <i>June</i> | | Day <i>4</i> | | Years <i>70</i> | | Months <i>—</i> | | Days <i>—</i> | |
| Date of death <i>1904</i> | | Sex <i>Male</i> | | Color or Race <i>Colored</i> | | Birth-place <i>Calvert E</i> | | | | | |
| Occupation <i>Laborer</i> | | | | Where Residing if not at place of death | | | | | | | |
| Married, Single or Widowed <i>Single</i> | | | | Name of Wife or Husband | | | | | | | |
| Father's Name <i>Holsworth Allsop</i> | | | | Father's Birthplace <i>Calvert Co</i> | | | | | | | |
| Mother's Maiden Name | | | | Mother's Birthplace | | | | | | | |
| Name of person giving Information <i>Murry Evans</i> | | | | How related to deceased <i>none</i> | | | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|--|---|--|
| Primary <i>Rheumatism</i> | | How long <i>20 years</i> | |
| Immediate <i>Exhaustion</i> | | How long <i>48</i> | |
| Are the name, age, sex, color, data and place correctly given above? | | Signature of Physician <i>J. M. King</i> | |
| | | Address <i>Barlow Md</i> | |
| Accident or Suicide? | | | |



Name
in
Full

CERTIFICATE OF DEATH

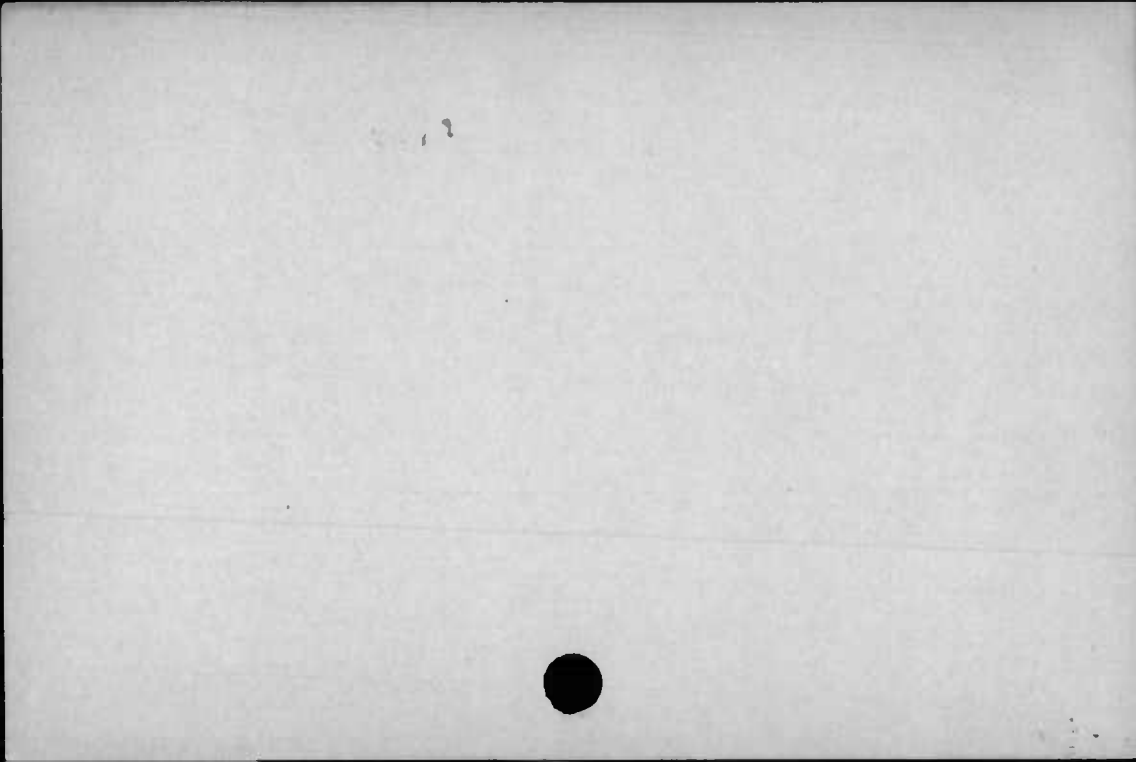
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|------|------------------------|-------------------------|---|---|-------------------------|-----------------------|
| Died at <i>Brownsville</i> | | Town <i>Carmichael</i> | | County | | MARYLAND | |
| Date of death | 1905 | Month | June | Day | 7 | Age | Years 3 Months 3 Days |
| Sex | Male | | Color or Race | White | | Birth-place | Brownsville |
| Occupation | | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | | | Name or Wife or Husband | | | | |
| Father's Name | | | William Barnett | | | Father's Birthplace | |
| Mother's Maiden Name | | | Rosa Elliott | | | Mother's Birthplace | |
| Name of person giving information | | | William Barnett | | | How related to deceased | |
| | | | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|---------|-----------------|--|
| Primary | Unknown | How long | |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | |
| Signature of Physician | | William Barnett | |
| Address | | Brownsville | |
| Accident or Suicide? | | | |



Name
in
Full

Carrie E Bowen 6/2/1

CERTIFICATE OF DEATH

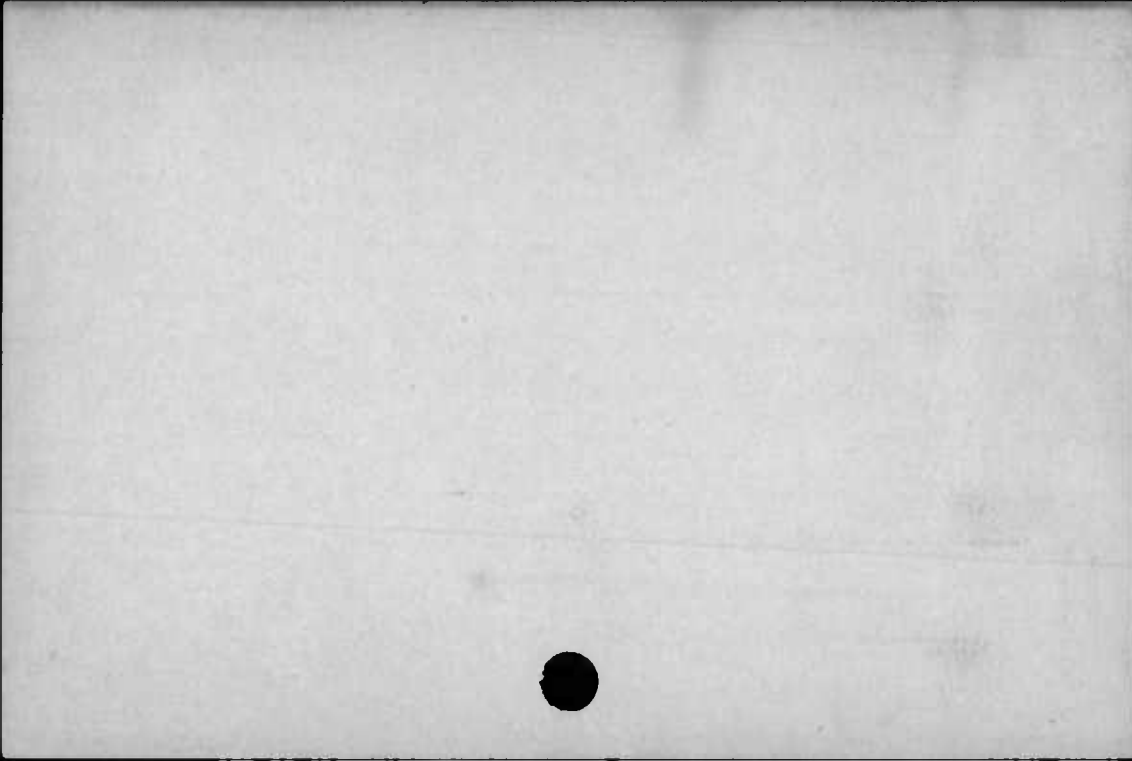
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|-------------------|---------------|---|--------|-------------------------|----------|------|
| Died at | | Town | | County | | MARYLAND | |
| Date of death | | Month | Day | Age | Years | Months | Days |
| 1905 | | June | 12 | 42 | 4/36 | mo | |
| Sex | Female | Color or Race | white | | Birth-place | Cal Co | |
| Occupation | Housewife | | Where Residing if not at place of death | | Cal Co | | |
| Married, Single or Widowed | Single | | Name of Wife or Husband | | Weldon C. Bowen | | |
| Father's Name | Reverdy E. King | | | | Father's Birthplace | Cal Co | |
| Mother's Maiden Name | Margaret Scribner | | | | Mother's Birthplace | Cal Co | |
| Name of person giving information | | | | | How related to deceased | | |

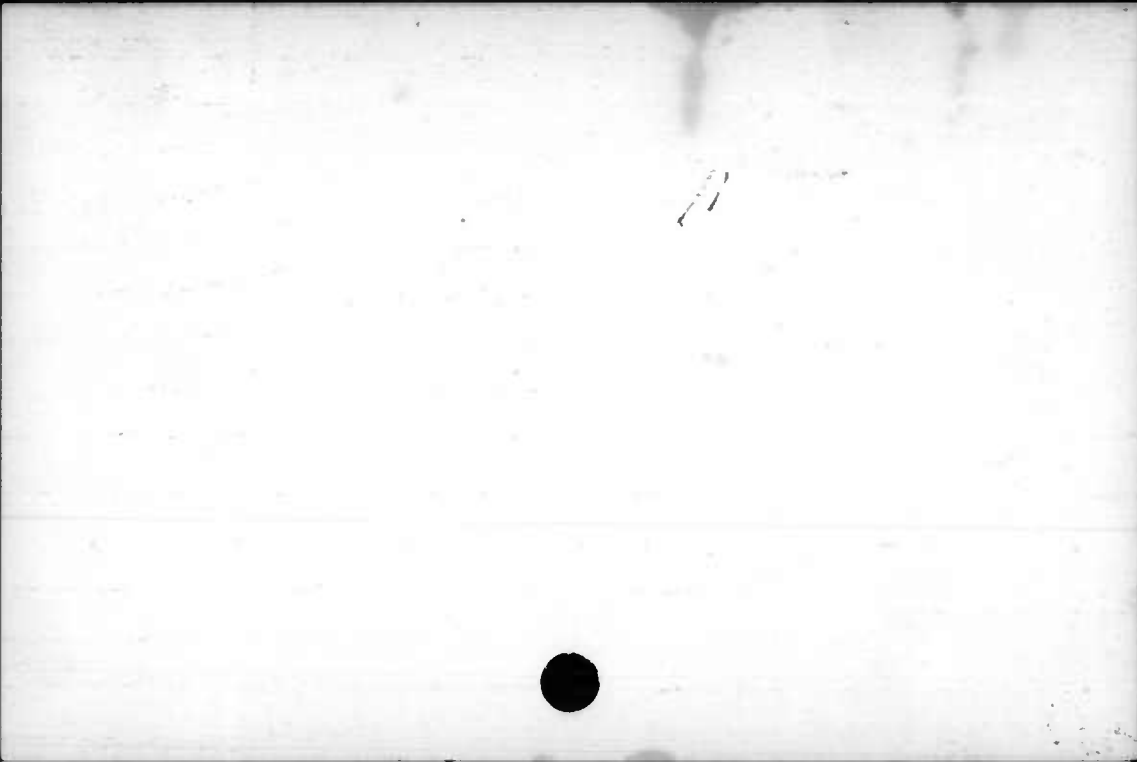
CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|------------------------|------------------------|---------------|
| Primary | Valv. disease of heart | How long | 2 wks |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | J. N. King MD |
| | | Address | Bartow Md |
| Accident or Suicide? | | | |



| | | | | | | | |
|-------------------------------------|--|---|--|--|-----------------|-------------------------------|------|
| Name in Full | | Patrick Henry Brooks | | | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | | Died at <i>Lusby</i> | | County | | MARYLAND | |
| | | Date of death <i>1905 June</i> | | Day <i>8</i> | Years <i>65</i> | Months | Days |
| | | Sex <i>Male</i> | | Color or Race <i>Caucasian</i> | | Birth-place <i>Calvert Co</i> | |
| | | Occupation <i>Laborer</i> | | Where Residing if not at place of death | | | |
| | | Married, Single or Widowed <i>Married</i> | | Name of Wife or Husband <i>Matilda Johnson</i> | | | |
| | | Father's Name <i>David Brooks</i> | | Father's Birthplace <i>Calvert Co</i> | | | |
| | | Mother's Maiden Name <i>Susan Johnson</i> | | Mother's Birthplace <i>Calvert Co</i> | | | |
| | | Name of person giving information <i>Elizabeth Brooks</i> | | How related to deceased <i>Sister</i> | | | |
| CAUSES OF DEATH | | | | | | | |
| PHYSICIAN OR CORONER | | Primary <i>Dropsy</i> | | How long <i>5 months</i> | | | |
| | | Immediate | | How long | | | |
| | | Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>Gas L Yucker Understar</i> | | | |
| | | | | Address <i>Booe Point Calvert Co Md</i> | | | |
| | | Accident or Suicide? | | | | | |



Name
in
Full

CERTIFICATE OF DEATH

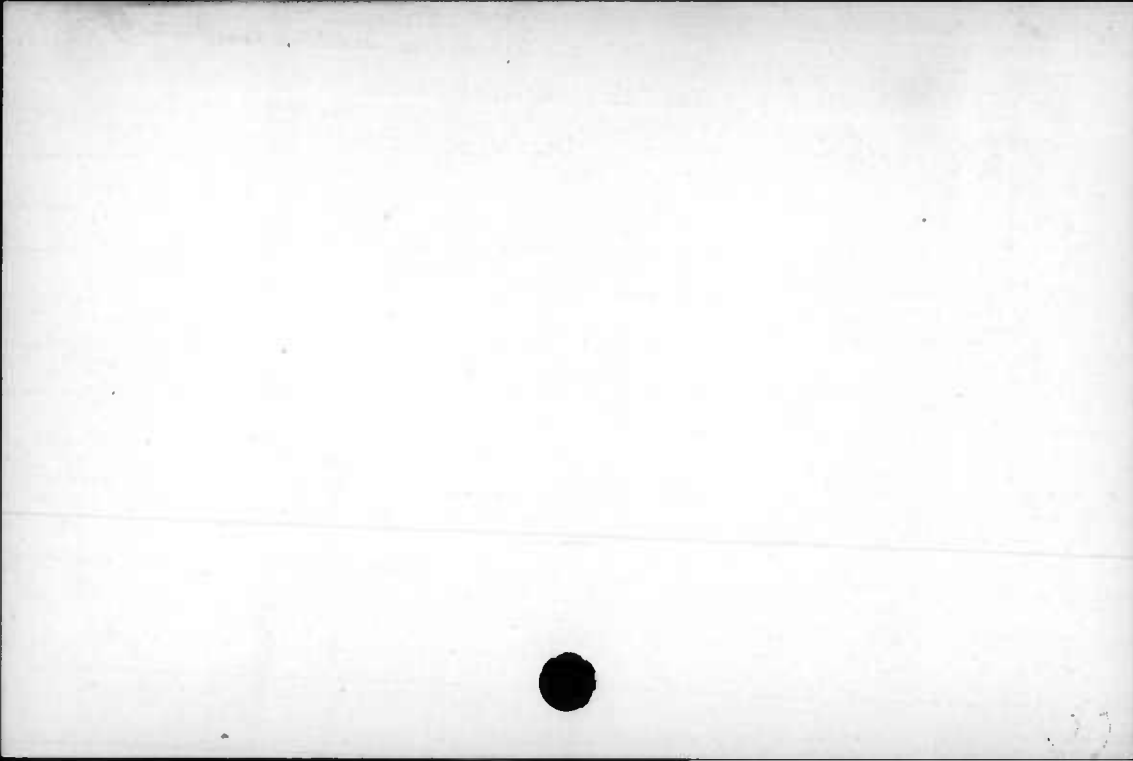
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|----------------------------|--|---|--|---------------|--|
| Name in Full <i>Marrie A. Carpenter</i> | | Town <i>Blum</i> | | County <i>Saint Calvert</i> | | MARYLAND | |
| Died at <i>Blum</i> | | Month <i>June</i> | | Day <i>24</i> | | Age <i>25</i> | |
| Date of death <i>1905</i> | | Months | | Days | | | |
| Sex <i>Female</i> | | Color or Race <i>white</i> | | Birth-place <i>Cal. Co.</i> | | | |
| Occupation | | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | | | | Name of Wife or Husband | | | |
| Father's Name <i>Thomas Carpenter</i> | | | | Father's Birthplace <i>St. Mary's Co.</i> | | | |
| Mother's Maiden Name <i>Amelia Busford</i> | | | | Mother's Birthplace <i>Cal. Co.</i> | | | |
| Name of person giving information <i>Elizabeth Carpenter</i> | | | | How related to deceased <i>Aunt</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|--|--|--|
| Primary <i>Acute Hypertical Meninge</i> | | How long <i>3 months</i> | |
| Immediate <i>Exhaustion</i> | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <i>J. W. Leitch</i> | |
| | | Address <i>Beauntingtown Md.</i> | |
| <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 10px;">1</div> Accident or Suicide? | | | |



Name
in
Full

CERTIFICATE OF DEATH

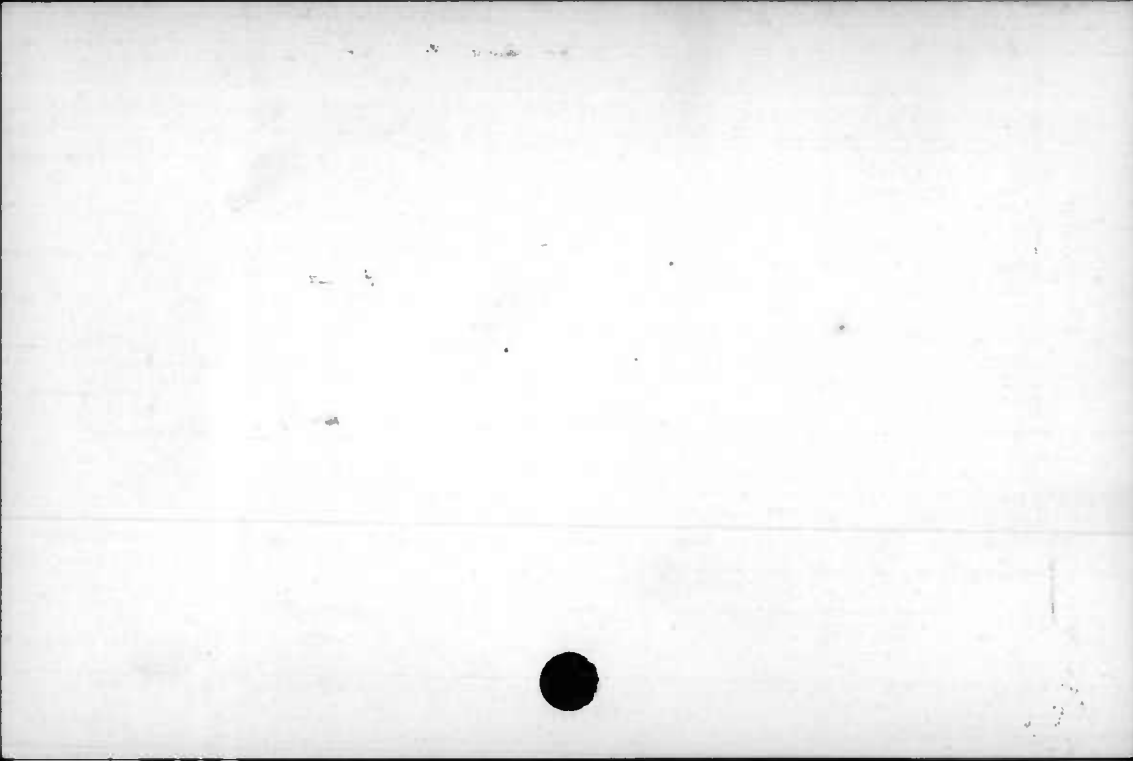
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|----------------------------|-------------------------------------|----------------------------|---|-------|-----------------|----------------|
| Died at <i>Huntingtown</i> | | Town <i>Calvert</i> | | County | | MARYLAND | |
| Date of death | <i>1905</i> | Month <i>June</i> | Day <i>27</i> | Age | Years | Months <i>3</i> | Days <i>17</i> |
| Sex <i>Female</i> | Color or Race <i>Black</i> | | Birth-place <i>Cal Co.</i> | | | | |
| Occupation | | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | | | | |
| Father's Name <i>Henry Lewis</i> | | Father's Birthplace <i>Cal. Co.</i> | | | | | |
| Mother's Maiden Name <i>Laura Kent</i> | | Mother's Birthplace <i>" "</i> | | | | | |
| Name of person giving information <i>" "</i> | | <i>176</i> | | How related to deceased <i>Mother</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|--|-------------------------------|--|
| Primary | <i>Asphyxiation, Overlaid</i> | How long |
| Immediate | <i>by mother.</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <i>J. W. Little</i> |
| | | Address <i>Huntingtown, Md.</i> |
| Accident or Suicide? <i>Accident</i> | | |



Name
in
Full

Fredericks Easton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Chaney TownCalvert CountyDate of death 1905 Month JuneDay 6Age about 80 YearsMonths Days Sex MaleColor or Race BlackBirthplace Ind.Occupation Where Residing if not at place of death Married, Single or Widowed WidowerName of Wife or Husband Father's Name Father's Birthplace Mother's Maiden Name Mother's Birthplace Name of person giving Information Charles HallHow related to deceased Grandson

CAUSES OF DEATH

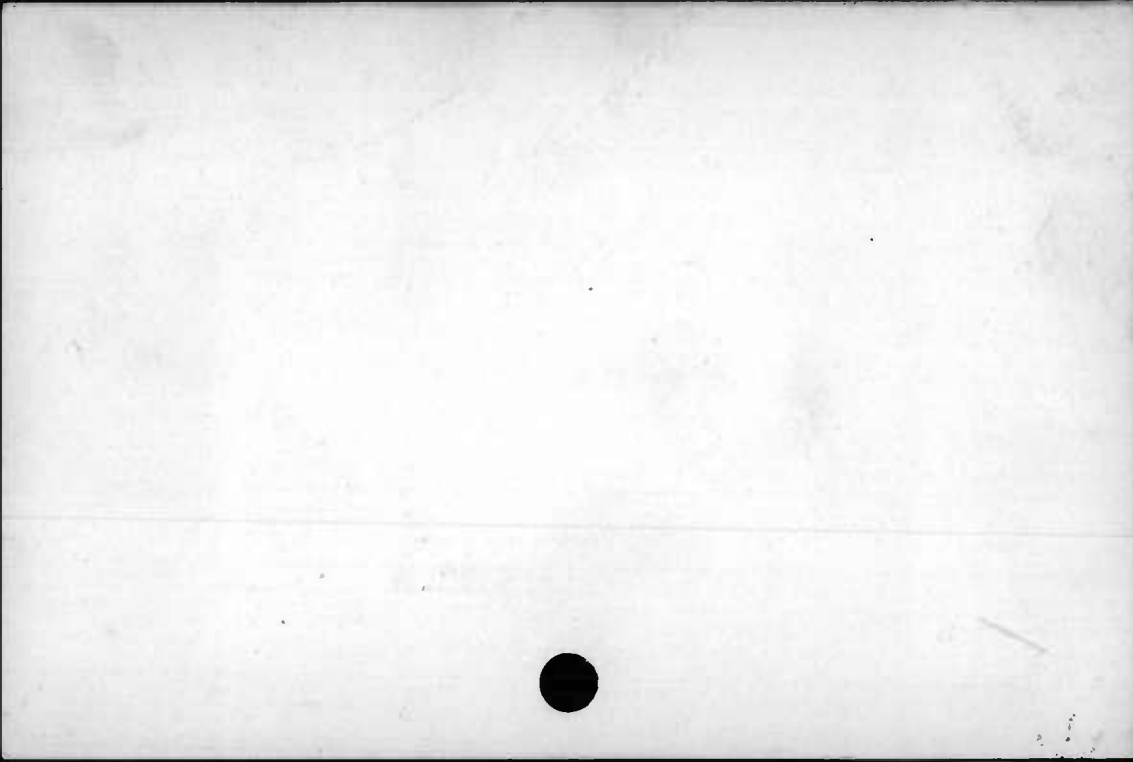
Primary

General debility 15 2 or 3 years

How long

Immediate

Are the name, age, sex, color, date and place correctly given above? YesSignature of Physician A. H. PerrieAddress Pickens, Ind.Accident or Suicide?



Name
in
Full

Abraham Hester

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|----------------------------|---|-----------------------------|----------|------|
| Died at <i>Huntingtown</i> ^{Town} | | <i>Calvert</i> ^{County} | | MARYLAND | |
| Date of death <i>1905</i> | Month <i>June</i> | Day <i>1</i> | Years <i>76</i> | Months | Days |
| Sex <i>male</i> | Color or Race <i>Black</i> | | Birth-place <i>Cal. Co.</i> | | |
| Occupation <i>Farmer</i> | | Where Residing if not at place of death | | | |
| Married, Single or Widowed <i>Widowed</i> | | Name or Wife or Husband <i>Hester Grace</i> | | | |
| Father's Name <i>Not Obtainable</i> | | Father's Birthplace | | | |
| Mother's Maiden Name <i>Obtainable</i> | | Mother's Birthplace | | | |
| Name of person giving information <i>Elijah Hester</i> | | How related to deceased <i>Son</i> | | | |

CAUSES OF DEATH

Primary *Chronic Gastritis* *64* How long

Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *J. W. Leitch*Address *Huntingtown*

Accident or Suicide?

PHYSICIAN
OR CORONER

①



1000

Name
in
Full

Essie Hicks

CERTIFICATE OF DEATH

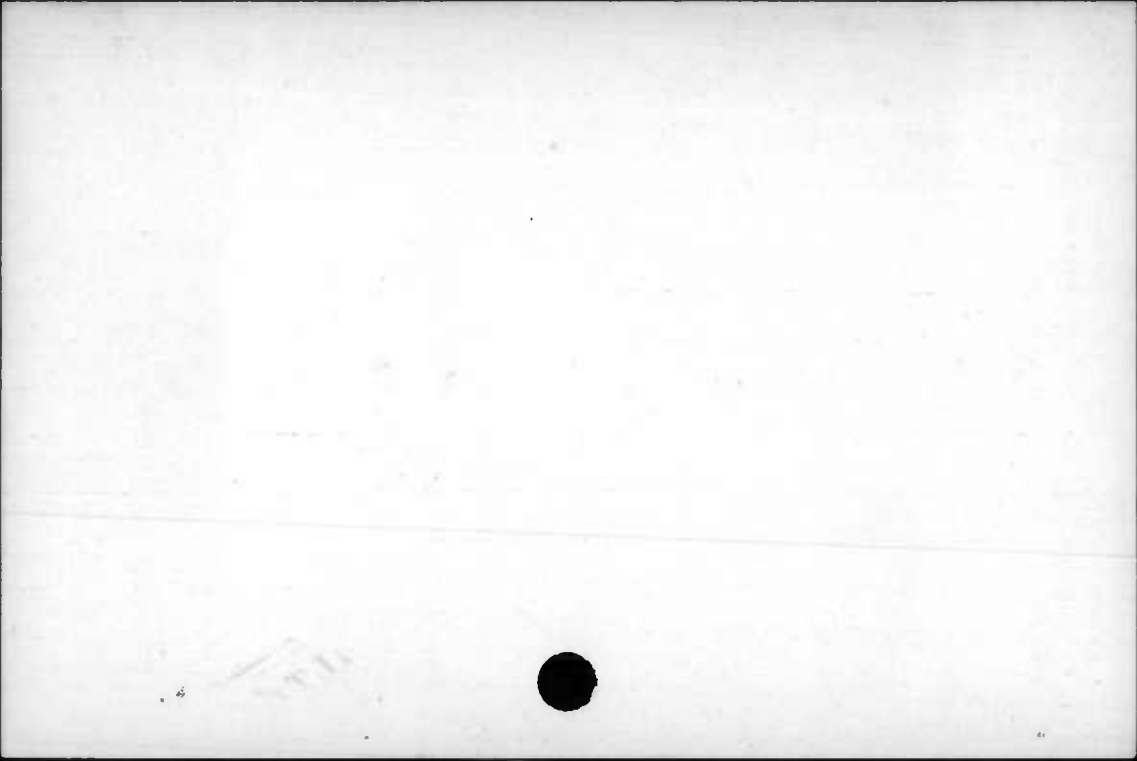
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | |
|--------------------------------------|--------|---------------------|------------------|--|---|----------------------------|-------------|----------|
| Died at | | Town Huntingtown | | County Calvert | | MARYLAND | | |
| Date of death | 1905 | Month June | Day 11 | Age | 1 | Years | Months 8 | Days |
| Sex | Female | | Color or Race | Black | | Birth- place | Cal. Co. | |
| Occupation | | | | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | | | | Name of Wife or Husband | | | | |
| Father's Name | | | | William Hicks | | Father's Birthplace | | Cal. Co. |
| Mother's Maiden Name | | | | Annie Jacks | | Mother's Birthplace | | " " |
| Name of person giving Information | | | | " " | | How related to deceased | | Mother |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|---|--------------------------------|---------------------------|
| Primary | Marasmus from improper food | How long |
| Immediate | food | How long |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician |
| | | Address |
| Accident or Suicide? | | |



Name
in
Full

John Hilder Jenkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---------------------------------------|------|---------------------|------------------|--|-------|----------------------------|-------------|
| Died at | | Town Chaseyville | | County Calvert | | MARYLAND | |
| Date of death | 1905 | Month June | Day 27 | Age | Years | Months 5 | Days 27 |
| Sex | Male | | Color or Race | African | | Birth- place | Chaseyville |
| Occupation | | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | | | | Name of Wife or Husband | | | |
| Father's Name | | | | King Jenkins | | Father's Birthplace | |
| Mother's Maiden Name | | | | Mattie Ford | | Mother's Birthplace | |
| Name of person giving In formation | | | | King Jenkins | | How related to deceased | |
| | | | | | | Father | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | | |
|---|-------------------------|-----|---------------------------|---------|
| Primary | Dysentery & Indigestion | | How long | 9 days |
| Immediate | Convulsions | | How long | 5 hours |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | Signature of Physician | |
| | | | Address | |
| | | | Ed. H. Humeau | |
| | | | Lower Marlboro | |
| | | | Md. | |
| Accident or Suicide? | | | | |



Name
in
Full

Clarence Bernard Stinnett

CERTIFICATE OF DEATH

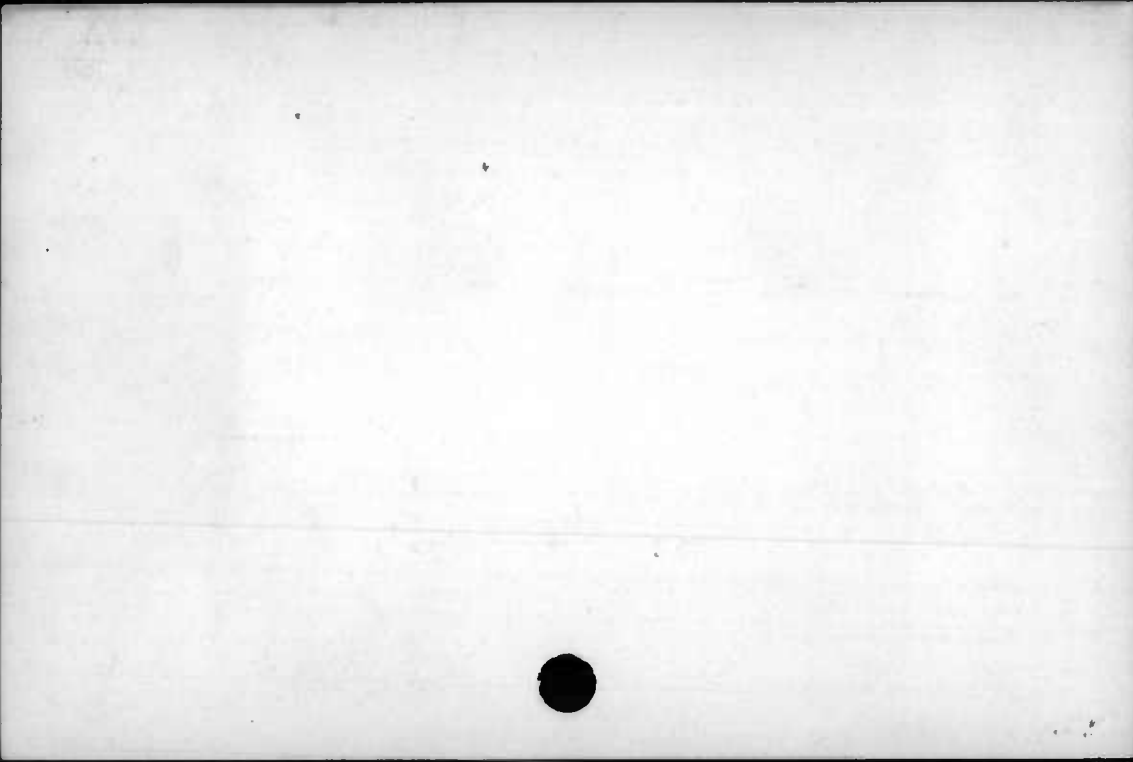
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|-----------------|----------------------------------|-------------------------|-------------------------|-------------|
| Died at <i>Mutual</i> ^{Town} | | <i>Calvert</i> ^{County} | | MARYLAND | |
| Date of death | 1905 | Month | June | Day | 13 |
| Age | | Years | 25- | Months | 2 |
| Sex | Male | | Color or Race | White | |
| Occupation | Farmer | | Birth-place | Calvert Co. | |
| Where Residing if not at place of death | | | | | |
| Married, Single or Widowed | single | | Name of Wife or Husband | | |
| Father's Name | Jesse Stinnett | | | Father's Birthplace | Calvert Co. |
| Mother's Maiden Name | Martha Robinson | | | Mother's Birthplace | Calvert Co. |
| Name of person giving information | Ann R. Gatt | | | How related to deceased | Aunt. |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|----------------------|------------------------|------------------------|
| Primary | <i>Pul. Phthisis</i> | How long | <i>8 months</i> |
| Immediate | <i>In antrum.</i> | How long | <i>2 weeks</i> |
| Are the name, age, sex, color, date and place correctly given above? | <i>Yes</i> | Signature of Physician | <i>Philip Y. Brown</i> |
| | | Address | <i>Mutual</i> |
| Accident or Suicide? | | | <i>not</i> |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|--|---------------|-----|---|-------|----------|------|
| Died at | | Town | | County | | MARYLAND | |
| Date of death | | Month | Day | Age | Years | Months | Days |
| 1905 | | June | 3 | | | 4 | 7 |
| Sex | | Color or Race | | Birth-place | | | |
| Female | | Bto white | | Cal Co | | | |
| Occupation | | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | | | | Name of Wife or Husband | | | |
| Father's Name | | | | Father's Birthplace | | | |
| George Strieth | | | | Cal Co | | | |
| Mother's Maiden Name | | | | Mother's Birthplace | | | |
| | | | | Cal Co | | | |
| Name of person giving information | | | | How related to deceased | | | |
| George Strieth | | | | Father | | | |

CAUSES OF DEATH

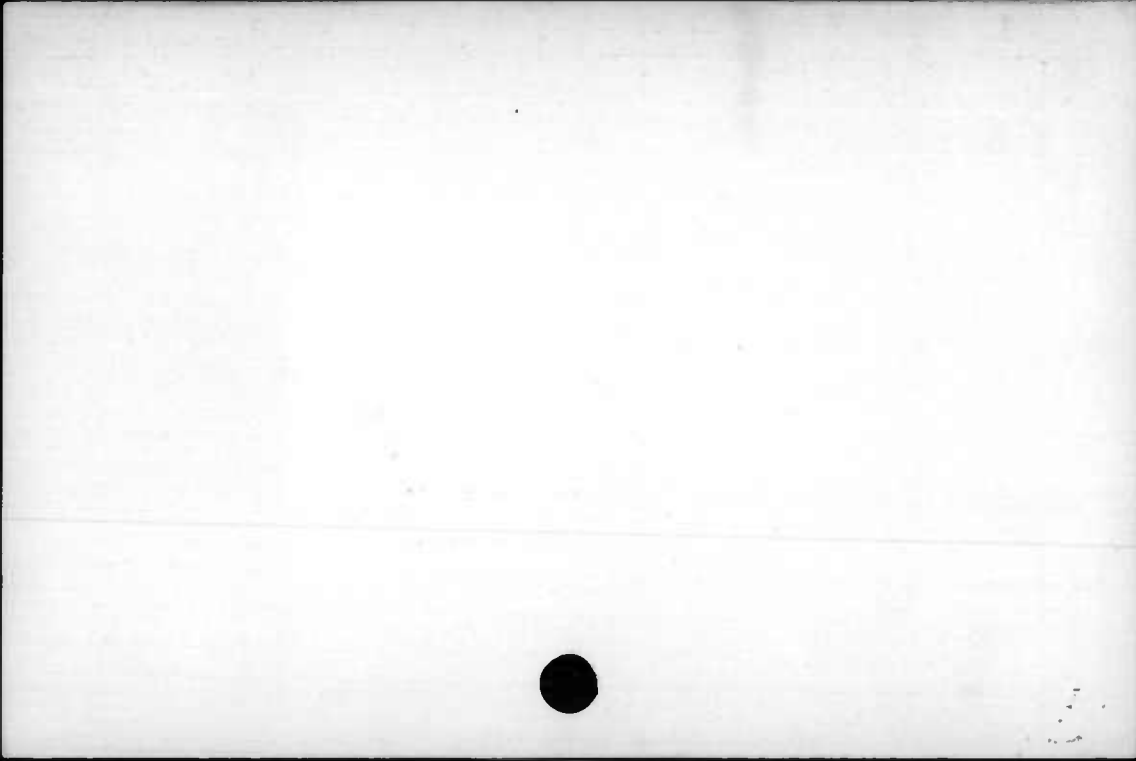
| | | | |
|-----------|----------------|----------|--------|
| Primary | Whooping cough | How long | 3 m 00 |
| Immediate | Exhaustion | How long | |

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Howard Jarvey

CERTIFICATE OF DEATH

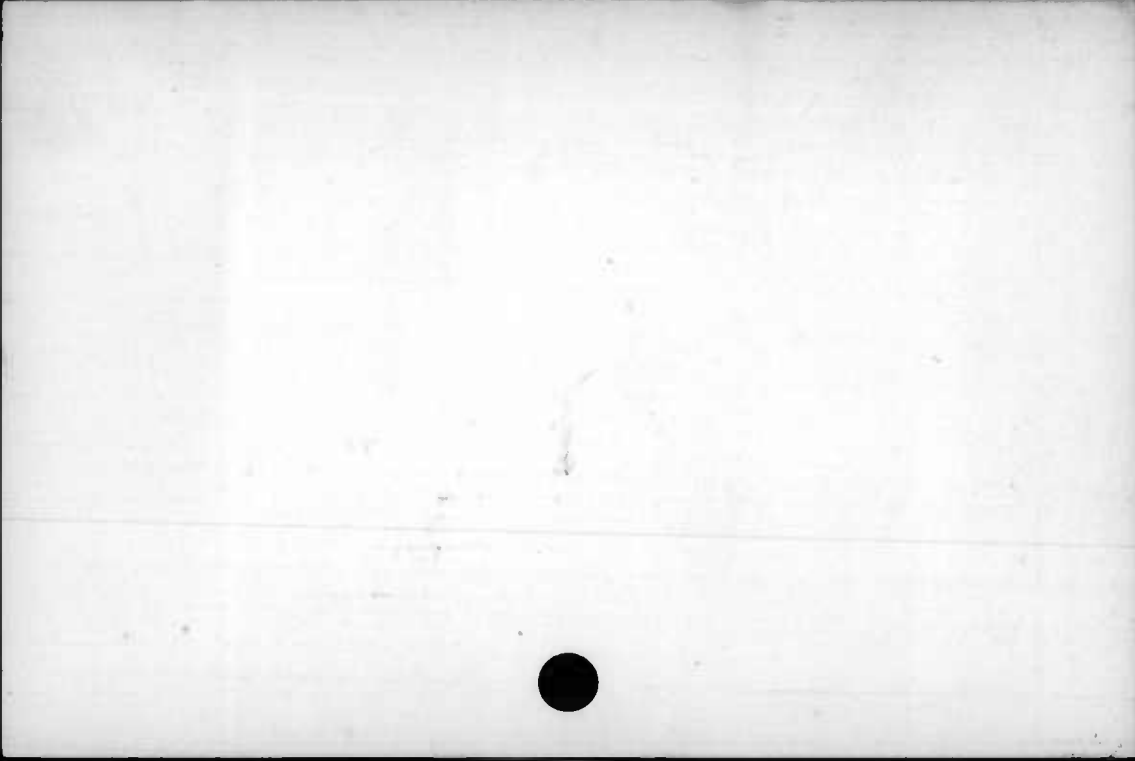
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|--------------------------------|-------------------------------------|---|--------------------------|--|
| Died at <i>Irregular</i> ^{Town} | | <i>Calvert co</i> ^{County} | | MARYLAND | |
| Date of death 1905- <i>June</i> ^{Month} | <i>24</i> ^{Day} | Age <i>1</i> ^{Years} | <i>4</i> ^{Months} | <i>—</i> ^{Days} | |
| Sex <i>Male</i> | Color or Race <i>Columbian</i> | Birthplace <i>Calvert co</i> | | | |
| Married, Single or Widowed <i>—</i> | | Occupation <i>—</i> | | | |
| Name of Wife or Husband <i>—</i> | | | | | |
| Father's Name <i>Robert Jarvey</i> | | | Father's Birthplace <i>Calvert co</i> | | |
| Mother's Maiden Name <i>Annie Goot</i> | | | Mother's Birthplace <i>Calvert</i> | | |
| Name of person giving information <i>Joseph Jarvey</i> | | | How related to deceased <i>Grand Father</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|---|---|-------------------------|
| Primary | <i>85</i> | How long <i>5 weeks</i> |
| Immediate <i>Hemorrhage</i> | | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Dr. L. Tucker Under</i> | |
| | Address <i>Long Point</i> | |
| | <i>Calvert co Md</i> | |
| Accident or Suicide? | | |



Name
in
Full

Effie Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Huntington Cuvert County MARYLAND

Date of death 1905 June 21 Age Years Months 2 ✓ Days

Sex Female Color or Race Black Birth-place Cal. Co.

Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedName of Wife or
HusbandFather's
NameEverall ThomasFather's
BirthplaceCal. Co.Mother's
Maiden NameEffie JonesMother's
Birthplace" "Name of person giving
In formationEverall ThomasHow related
to deceasedFather

CAUSES OF DEATH

Primary

Conjunctival deformity

How long

Immediate

3 Heart.

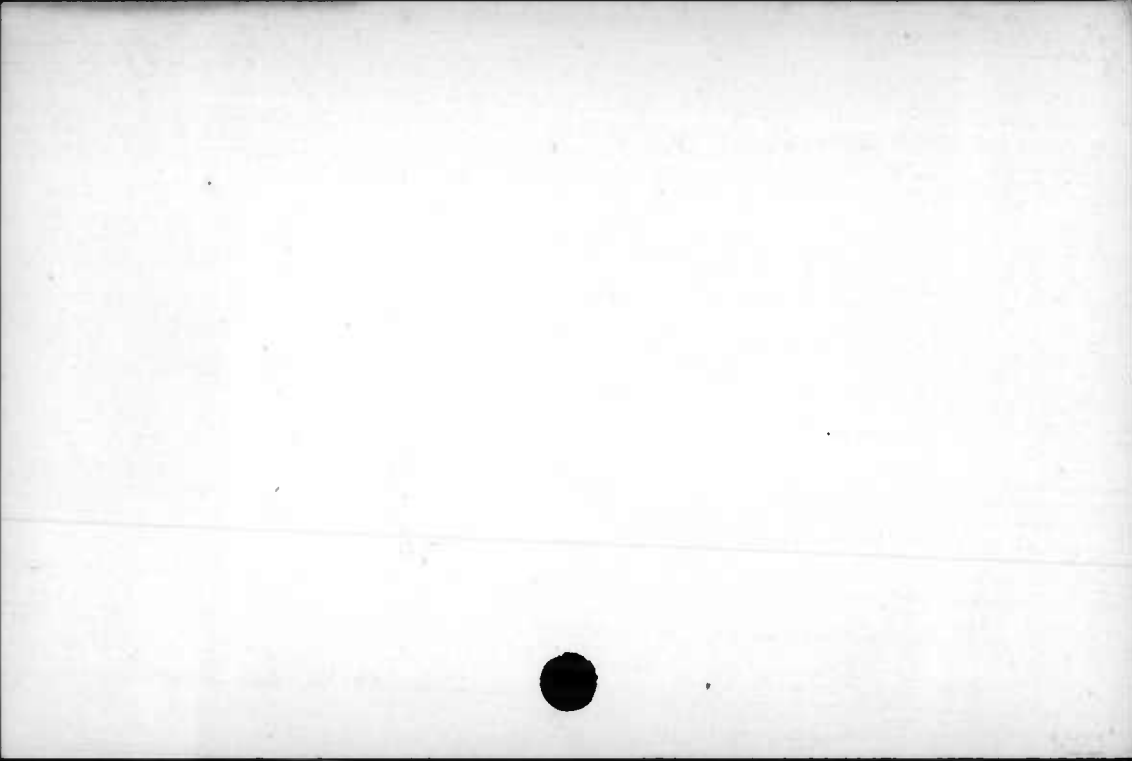
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. W. Leitch
Huntington
Md.

Accident or Suicide?



Name
in
Full

Elmer E. Wallace

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at St Leonard Calvert County
 Date of death 1905 June 6 Age 6 months 4 Months 4 Days
 Sex Male Color or Race Caucasian Birth-place Calvert Co
 Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedName of Wife or
HusbandFather's
NameHe WallaceFather's
BirthplaceCalvert CoMother's
Maiden NameRebecca MitchellMother's
Birthplace" "Name of person giving
InformationHe WallaceHow related
to deceasedFather

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

D. Brooks & Bros

